FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1998 DOCUMENT

1. Corporation Name

RATZAN AND C

ON ORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	Jan 23 1998 8:00am Secretary of State
	167900 N.D., P.A.	(7)	2



FILED

Principal Place of Business Mailing Address					- 18814 BIBIS BIBIS BEHT BBIT BBIT BIBIS BIBIS BIBIS BIBIS			
4300 ALTON RD. 4300 ALTON RD. MIAMI BCH FL 33140 MIAMI BCH FL 33140						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
į						12/16/1974	İ	
2. Principal Place of Business 2a. Mailing Address				1-11-12-12-13-13-13-13-13-13-13-13-13-13-13-13-13-		4. FEI Number Applied For		
21 26						Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.					- \$8.75	ficate of Status Desired \$8.75 Additional		
22 27					5. Certificate of Status Desired Fee Required			
City & State City & State					6. Election Campaign Financing \$5.00 May Be			
23				On the second		Trust Fund Contribution		
Zip			<u>├</u>	Country 8. This corporation owes or has paid the current year intangible				
24	9. Name and Address of Current Registered Agent		[30]		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
D.A.		ment negistered Agent		81 Name				
	TZAN, M.D., KENNETH R. 20 ALTON ROAD		,			'		
	MI BEACH FL 33140			82	Street Addre	Address (P.O. Box Number is Not Acceptable)		
NAIL.	AWI DEACH FL 33140		ŀ	83				
			ļ					
				84	City	FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statut	es, the at	oove	-named corpo		ts registered	
office or r	egistered agent, or both, in the S m familiar with, and accept the o	state of Florida, Such change was a bligations of Section 607 0505. Flo	authorized	d by	the corporation	oration submits this statement for the purpose of changing in on's board of directors. I hereby accept the appointment as	registered	
į.	manna way and addopt the d	5/194.10110 GI, COOBGII GOI 10000, I	J. (GL Q.C.	4.00			i	
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable. (NOT	E. Registerec	1 Ager	nt signature require	d when reinstating) DATE		
12.		AND DIRECTORS	13.		1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	PSD	☐ DELETE	1.1 TITLE		į	Change	Addition	
NAME	ratzan, Kenneth		1.2 NA					
STREET ADDRESS			1,3 ST	REET /	ADDRESS			
CITY-ST-ZIP	MIAMI BCH FL	Double Control	1.4 CITY		-ZiP	Ob	B didition :	
TITLE		DELETE	2.1 TITLE			<u></u> Change	☐ Addition	
NAME	■ ***		2.2 NA					
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP			2. 4 Cl		T-ZIP	Change	Addition	
TITLE			3,1 TIT			L. Change	☐ ¥qqqqqq	
NAME			3.2 NA		ADDRESS			
STREET ADDRESS			. I		ADDRESS			
CiTY-ST-ZiP TiTLE		DELETE	3.4. CITY 4.1 TITLE		- 211	Change	Addition	
NAME			4.1 HILE 4, 2 NAM					
			4. 2 NAME		unnacee			
STREET ADDRESS					1			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-7		-217	☐ Change	Addition	
NAME		_ :====	5.2 NAME			_ •	_	
STREET ADDRESS			5.2 NAME 5.3 STREET		NODBESS			
CITY-ST-ZIP			5.4 CITY-S					
TITLE		DELETE	6.1 TiT			Change	Addition	
NAME			6.2 NA			_ ,		
STREET ADORESS					ADDRESS			
			6.4 CITY-ST-ZIP			į		
<u> </u>						The state of the s		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.